THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (e) In so far as Central Government Hospitals in Delhi are concerned, there has been no serious case of manhandling and thrashing of Doctors by patient's relatives over treatment issues during past one year.

Unwillingness to treat patients by hospitals under CGHS panel

1235. SHRIMATI KANIMOZHI: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether many hospitals on CGHS panel are not willing to treat patients referred to by CGHS;

(b) if so, the reasons therefor; and

(c) the action taken to ensure compliance by those hospitals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) CGHS has not received any report that private empanelled hospitals, which have signed Memorandum of Agreement (MOA) with the CGHS, are unwilling to treat patients referred to them by the CGHS.

India to cross China as most populous country

1236. SHRI SANJAY RAUT: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether at the current rate India is expected to cross China as the most populous country by 2045;

(b) if so, whether any comprehensive action plan has been worked out to achieve the target of zero growth;

(c) if so, the details thereof; and

(d) the time by when the zero growth target is likely to be achieved thereunder?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) As per Technical Group on Population Projection Report, May, 2006, at the current rate, India's population is expected to exceed that of China before 2030 to become the most populous country in the world. However, United Nation's population projection has estimated that India's population is likely to cross China in the year 2025.

Population stabilization is one of the objectives of National Rural Health Mission (NRHM) as well as Reproductive and Child Health Programme (RCH-II). The approach of Government is to provide quality health services in remote rural areas along with a wide range of contraceptive choices to meet the unmet demands for reproductive health services which include delivery, safe abortions, treatment of reproductive tract infections and family planning services. The RCH-II intends to imrpove the performance of family welfare services by reducing total fertility rate, maternal and infant morbidity and mortality, and unwanted pregnancies. Under NRHM & RCH-II, the Programme Implementation Plans of States *inter alia* include the action plan for family planning activities.

(d) As estimated by Technical Group on Population Projection, the total fertility rate would reach replacemet level fertility of 2.1 only by the year 2021. The population stabilization

i.e. zero growth of population, would be achieved only after 35 to 40 years of reaching replacement level fertility. It implies that India's population is likely to stabilize by 2060.

Efforts to control malnutrition and CMR

†1237. SHRI PYARELAL KHANDELWAL: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of efforts and achievements being made by Government to control malnutrition and child mortality rate, State-wise;

(b) whether it is a fact that despite all Government efforts, the cases of malnutrition and child mortality are not coming down;

(c) if not, the details thereof for the last four years, State-wise; and

(d) the details of the efforts being made to control maternity and child mortality rate in rural areas, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) The Department of Family Welfare under its Reproductive and Child Health programme II, is implementing the following interventions to address child mortality and maternal mortality.

To address child mortality the following interventions are being implemented through out the country.

Integrated management of neonatal and childhood illness Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy encompasses a range of interventions to prevent and manage the commonest major childhood illnesses which cause death i.e. neonatal illnesses, Acute Respiratory Infections, Diarrhoea, Measles, Malaria and Malnutrition. It focuses on preventive, promotive and curative aspects, i.e. it gives a holistic outlook to the programme. Immunization Programme as it is one of the key interventions for protecting children from life threatening conditions. Acute Respiratory Infection control programme to treat and manage all cases of pneumonia and other respioratory tract infections. Diarrhoeal Disease control programme to address diarrhoeal diseases. Early and exclusive breast feeding for the six months of age, complementary feeding from six months with continued breastfeeding till two years. Anaemia control through distribution of iron and folic Acid. Distribution of Vit. A to all children of 9 months to 5 yr.

To address maternal mortality the following key interventions are being implemented all over the country, which include:

Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Appointment of an Accredited Social Health Activist (ASHA) for every village to facilitate in accessing of health care services by the community including pregnant women; operationalizing Community Health Centres as First Referral Units (FRU) and 50% of all Primary Health Centres for providing 24x7 delivery services by 2010; augmenting the availability of Skilled Manpower by means of different skill based trainings such as Skilled Birth Attendant, Training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; prevention and treatment of Anemia by supplementation with Iron and

† Original notice of the question was received in Hindi.